

COMPANY NAME:

Airco Special Gases

HWC REVIEW DATE: 4/18/90

FACILITY LOCATION:

Riverton

COUNTY:

Burlington

STATE:

New Jersey

REVIEWER'S NAME:

Samuel Ezekwo

ID NO.

NSD002386621

PA REPORT DATE:

August 25, 1989

COMPANY MANUFACTURING OPERATION DESCRIPTION AND DURATION OF OPERATION:

Manufactures gases for industrial purposes.

HAZARDOUS WASTE GENERATED: Spent Halogenated Solvents,
methyl chloroform, 1,1,2-trichloroethane

REGULATORY STATUS: TSD

REGULATED UNITS ON SITE:

Tanks, drum storage area

SOLID WASTE MANAGEMENT UNITS ON SITE (pre-Nov. 19, 1980):

None on PA Report

NATURE OF ANY RELEASES:

RELEASE INFORMATION-BY SOLID WASTE MANAGEMENT
UNIT/REGULATED UNIT:

None on PA report

ENVIRONMENTAL SETTING AND IMPACTS:

- ° RESIDENTIAL Population with 1-mile radius is 2,800
- ° INDUSTRIAL
- ° GROUNDWATER USE (drinking water supply, sole source aquifer, etc.)
Groundwater used by various water companies
No sole source aquifer within 3 miles of site.
- ° SURFACEWATER Surfacewater used for recreation and
Source of water supply for Philadelphia.
- ° SOIL AND AIR

INVOLVEMENT OF OTHER REGULATORY AGENCIES/PROGRAMS:

COMMENTS:

RECOMMENDATION FOR FURTHER ACTION, INCLUDING PRIORITY:

Does not appear to have a release.
Site inspection needed to confirm.

Joe Mahan
Asst. Plant
Manager

Facility: <u>Airco Industrial Gases</u>		Loc: <u>Burlington, NJ</u>		SIC:		
ID: <u>NJD 002386621</u>		Insp Date: <u>8/2/93</u>		Rev Date: <u>10/14/93</u>		
Fac Pers: <u>Danny Kaluhiokalani</u>		Region: <u>Central</u>		Rev: <u>K. few</u>		
Title: <u>Safety Coordinator</u>		Insp: <u>Theresa Pagodin</u>		Next Date:		
Tele: <u>609-829-7878</u>		Insp Type: <u>CEI</u>		Start: <u>File NOV 2007</u>		
Sta: <u>Gen Trans TSD</u>		State Act:		Initiate:		
Recv TSD:		Refer:		On Prog:		
Vol/Mo:		Trans Units:		Comm Date:		
GW Wells:		Stor Units:		S Info:		
Permits:		Waste Codes:				
Operation:				Insp Comm (date, re, outcome):		
<u>Vaporizes industrial gases and places in cylinders.</u>						
Process:						
<u>Hazardous waste generated from scrubbers.</u>						
HW Gen:						
<u>D002 (waste caustic) D003 (waste solvent)</u>						
<u>D001 (waste Potassium Permanganate) D001 (isopropyl alcohol waste)</u>						
Waste Codes: <u>X726 (waste oil) X908</u>				Doc Req:		
TSD:				Fac Comm (date, re, outcome):		
HW Det: Knowl: <u>TCA</u> <u>TCLP</u>						
Manf Rev: <u>27</u> Out <u>0</u> Code: <u>LDR</u> Stor:						
Manf Date Code Del						
				Doc Req:		
				TSD Comm (date, re, outcome):		
File Novs:						
<u>- No OTT for facility personnel</u>				Doc Req:		
<u>- No written TSD description updated for employees</u>				<u>NOV 2007 Other</u>		
<u>- No contingency plan on site</u>				Ch:		
Comp. Sched: <u>Achieved</u>				Notes:		
Stat in epl ref:				<u>No LDR Violations</u>		
Compl Hist:						
Date Viol Class Act						
Rep Docs:				File Docs:		
EPA Action	Date Issued	Due Date	Extension Req	Next Date	Date Rec'd	Stat/Comments

FILE #: 03 - 31 - 05

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
& ENERGY

DIVISION OF FACILITY WIDE ENFORCEMENT

BUREAU: CBWHWE

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Airco Industrial Gases

EPA ID NUMBER: NJD 002 386 621 CASE NUMBER: _____

STREET ADDRESS: _____

MUNICIPALITY: Cinnaminson Twp ZIP: 08077 COUNTY: Burlington

MAILING ADDRESS: PO BOX 272
(if different) _____

BILLING ADDRESS: _____
(if different) _____

TELEPHONE # (609) 829-788 FAX # (609) 829-6576

BLOCK : 610 LOT : 2.1

FACILITY PERSONNEL: Danny Kaluhiokalani, Safety Coordinator
(name & title) Joe Mahan, Asst. Plant Manager

INSPECTION DATE: August 2, 1993

INSPECTOR'S NAME & TITLE: Theresa Pagodin
Principal Environmental Specialist

OTHER STATE/EPA PERSONNEL: _____

REPORT PREPARED BY: Theresa A. Pagodin

REVIEWED BY: [Signature] DATE OF REVIEW: 8/1/93
DFWE 29 REV. 2/22/93

INSPECTION DATE(S): 8/2/93 _____
 TIME IN: 9:45 _____
 TIME OUT: 1:05 _____

PHOTOS TAKEN: YES (____) NO (☒) QUANTITY (____) ATTACH
 PHOTO LOG

SAMPLES TAKEN: YES (____) NO (☒) HOW MANY (____) ATTACH
 SAMPLE LOG

SITE BACKGROUND INFORMATION

EMPLOYEES: 61 SHIFTS/WEEK: 10

DATE OPERATIONS BEGUN: 9/63 SIC CODE: 2813

ACRES: 5.68 # OF BUILDINGS/SQFT: 3/40,000

PRODUCTS PRODUCED: Transfill Gas Cylinders

PREVIOUS OPERATIONS AT SITE: None

WATER SUPPLY- PUBLIC: ☒ PRIVATE WELL: _____

SOLID WASTE DISPOSAL: Attwoods

FLOOR DRAINS: One (1) connected to Creek (unnamed)

DRAINS CONNECTED TO- POTW: N/A SEPTIC SYSTEM: N/A

MONITORING WELLS: None

NON-HW. TANKS ON SITE : 6 Total - 4,500g Hydrogen;
6,000g Argon; 4,000g Oxygen; 6 ton CO₂; and 6,000 Nitrogen (2)

AIR PERMITS: 4 permits; APC Plant ID # 45096

NJPDES PERMITS: NJ 0004545

OTHER PERMITS: None

INSPECTION & GENERAL FACILITY DESCRIPTION & OPERATIONS

On August 2, 1993, I conducted a RCRA Compliance Evaluation Inspection at Airco Industrial Gases, located at River and Union Landing Roads, Cinnaminson Township, Burlington County, State of New Jersey. The facility representative, Mr. Dan Kaluhiokalani, Safety Coordinator, explained the operations and gave me a tour of the facility. Mr. Joe Mahan, Assistant Plant Manager, accompanied Mr. Kaluhiokalani and I during this inspection in order to become more familiar with the Hazardous Waste Inspection Procedures.

Airco Industrial Gases takes the liquid form of Argon, Carbon Dioxide, Helium, Oxygen, Nitrogen, Krypton, Methane, Hydrogen, Neon and Xenon, vaporizes these materials and places the vapor (gas) in cylinders for customer's use. Other processes at the facility include Rare Gas Purification. In this process, Rare Gases are sent through a scrubber system and re-packaged in cylinders in a purified form. Airco Industrial Gases also blends and mixes gases to certain customer specifications for sale. The hazardous waste generated at the Airco Industrial Gases, Riverton facility is a result of the scrubbers. One scrubber contains caustic material. Acid gases are run through this scrubber to neutralize. Once the caustic is no longer able to be used, the scrubber is emptied and the material is drummed as a D002 Hazardous Waste and placed in the <90 Day Storage Area. The second scrubber system contains Potassium Permanganate. Poison gases are run through this scrubber. Again, when the Potassium Permanganate can no longer be used, the scrubber is emptied into drums and placed in the <90 Day Storage Area, as a D001 Hazardous Waste. Other hazardous waste streams include: waste oil, X726, from the vacuum pump; waste solvents (acetone, xylene), F003, from cleaning the cylinders and painting the cylinders; antifreeze, X900, from the forklifts; and isopropyl alcohol from the cleaning of cylinders, D001.

At the time of this inspection, the only waste on site was located in the two satellite accumulation areas. The satellite area near Building #2 contained two fifty-five gallon drums. One drum contained approximately 5 gallons of Isopropyl Alcohol and the second drum was empty, but labeled for Waste Acetone. The second satellite area, behind Building #1, contained three containers. One fifty-five gallon drum of X726 waste oil. This container was approximately one-half full. A small, approximately 5 gallon, pail labeled D004, contained a mixture of waste oil which may have been contaminated with Arsenic. This small container held approximately one gallon. The third drum, a fifty-five gallon drum, contained waste antifreeze. This drum was about three-quarters full. This material is classified as an X900 non-hazardous waste. All satellite drums were marked with the words "Hazardous Waste", securely closed, and at or near the point of generation.

The <90 Day Hazardous Waste Storage Area was empty during this inspection. A pick up occurred on July 31, 1993. Therefore, Airco Industrial Gases was found to be in compliance with all container management regulations.

A review of the manifests for the last three years, the contingency plan, personnel training and preparedness and prevention records revealed the following violations:

1. N.J.A.C. 7:26-9.4(g) - Airco Industrial Gases failed to provide the required classroom or on-the-job training for facility personnel, in

violation of N.J.A.C. 7:26-9.4(g). Specifically, Airco Industrial Gases failed to maintain a written job description for each position listed under N.J.A.C. 7:26-9.4(g)6i, to keep this current and consistent in its degree of specificity with descriptions of other similar positions in the same company location or bargaining unit, including the requisite skill, education, or other qualifications, and duties of employees assigned to each position, in violation of N.J.A.C. 7:26-9.4(g)6ii.

2. N.J.A.C. 7:26-9.7(i) - Airco Industrial Gases failed to maintain a copy of its contingency plan at the facility or to send a copy to local police or fire departments, hospitals or State or local emergency response teams, in violation of N.J.A.C. 7:26-9.7(i). Specifically, Airco Industrial Gases failed to submit a copy of its contingency plan to all local police departments, fire departments, hospitals and State and local emergency response teams that may be called upon to provide emergency services, in violation of N.J.A.C. 7:26-9.7(i)2.

HAZARDOUS WASTE INVENTORY

[illegible]

add additional pages as needed

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* Satellite Storage - No containers full \therefore not dated, etc

GENERATOR INDEX

CHECK THE SECTIONS AND ACTIVITIES OF THIS REPORT WHICH ARE APPLICABLE TO THE FACILITY AND COMPLETE THOSE SECTIONS FOR THIS INSPECTION.

GENERATOR WASTE MANAGEMENT PRACTICES

#	SECTION	PAGE
1.	WASTE DETERMINATION	7. <input checked="" type="checkbox"/>
2.	GENERATOR STATUS	8. <input checked="" type="checkbox"/>
3.	SATELLITE STORAGE AREAS	9. <input checked="" type="checkbox"/>
4.	< 90 DAY CONTAINER STORAGE AREAS	10. <input checked="" type="checkbox"/>
5.	WASTE OIL USAGE	11. <input type="checkbox"/>
6.	< 90 DAY ABOVE GROUND TANKS STORAGE AREAS	12. <input type="checkbox"/>
7.	WASTE MANAGEMENT PRACTICES	13. <input checked="" type="checkbox"/>
8.	GENERATOR MANIFESTS	14. <input checked="" type="checkbox"/>
9.	EXPORTING HAZARDOUS WASTE	16. <input type="checkbox"/>
10.	CONTINGENCY PLAN & EMERGENCY PROCEDURES	17. <input checked="" type="checkbox"/>
11.	PERSONNEL TRAINING	19. <input checked="" type="checkbox"/>
12.	PREPAREDNESS & PREVENTION	21. <input checked="" type="checkbox"/>
13.	"WASTE WATER TREATMENT UNIT" QUALIFICATION	23. <input type="checkbox"/>

SECTION 1.WASTE DETERMINATION:

YES NO

DOES the facility generate "solid waste". ✓ _____DOES the facility generate a "hazardous waste". ✓ _____IS THE FACILITY CORRECTLY CLASSIFYING ITS WASTES? ✓ _____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

8.5(a) Generator failed to determine
if its "solid waste" is hazardous? _____7.4(x) Generator FAILED to properly classify
its waste according to the "Hierarchy". _____COMMENTS

SECTION 2.

GENERATOR STATUS

YES NO

Does the generator generate/accumulate >100 kg of hazardous waste (1kg acutely) or greater than 1001 gal of listed waste oil in any calender month?
(except x725 - 100 kg rule applies)

✓

IF YES,

7.4(a)1 Does the Generator have an EPA ID number.

✓

IF THE GENERATOR IS A SQG.,

Does the generator wish to deactivate his EPA ID. number?

COMMENTS

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SECTION 3.SATELLITE ACCUMULATION AREAS

IS THE FACILITY IN COMPLIANCE WITH THE
SATELLITE ACCUMULATION REGULATIONS?

YES NO
✓ _____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

9.3(d)1 Quantity of waste EXCEEDS 55 gal. or
1 qt. of acutely hazardous waste. _____

9.3(d)2 Containers FAIL to:

Meet the standards of 7.2
(Container Requirements). _____

Poor or leaking container. _____

Container made of incompatible material. _____

Container not kept securely closed. _____

9.3(d)3 Accumulation area is:

NOT at or near a point of generation. _____

NOT under the control of the operator. _____

9.3(d)4 Containers are NOT marked
"Hazardous waste". _____

9.3(d)5 Containers NOT marked with date
when filled. _____

9.3(d)6 Containers were NOT moved from
satellite area within three days. _____

COMMENTS

SECTION 4.GENERATOR CONTAINER STORAGE AREAS

IS THE FACILITY IN COMPLIANCE WITH THE
GENERATOR STORAGE REGULATIONS?

YES NO

✓

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

-
- | | | |
|------------|--|-------------------|
| 7.2(a) | <u>NO</u> manifest number on containers ready for disposal. | <u> </u> |
| 7.2(b) | Containers <u>FAILED</u> to meet DOT regulations. (49 CFR 171,179) | <u> </u> |
| 9.3(a)1 | Waste <u>ACCUMULATED</u> OVER 90 DAYS. | <u> </u> |
| 9.3(a)3 | Containers <u>NOT</u> marked with accumulation start date or "Hazardous Waste". | <u> </u> |
| 9.4(d)1i | Containers <u>NOT</u> of adequate construction. | <u> </u> |
| 9.4(d)1ii | Closures <u>NOT</u> of sufficient strength. | <u> </u> |
| 9.4(d)2 | Containers <u>NOT</u> in good condition. | <u> </u> |
| 9.4(d)3 | Containers <u>NOT</u> compatible with waste. | <u> </u> |
| 9.4(d)4i | Containers <u>NOT</u> kept closed. | <u> </u> |
| 9.4(d)4iii | Containers <u>NOT</u> properly handled. | <u> </u> |
| 9.4(d)4iv | Hazardous wastes <u>NOT</u> segregated. | <u> </u> |
| 9.4(d)4v | ID Labels <u>NOT</u> visible. | <u> </u> |
| 9.4(d)5 | Accumulation area <u>NOT</u> inspected daily. | <u> </u> |
| 9.4(d)6 | Containers of ignitable and reactive wastes are <u>NOT</u> located at least 50 feet from the facility's property line. | <u> </u> |
| 9.6(d) | Access to communication or alarm system is <u>NOT</u> maintained. | <u> </u> |
| 9.6(e) | <u>INADEQUATE</u> aisle space. | <u> </u> |
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No Hazardous Waste in Storage!
Pick up 7/31/93.

SECTION 5WASTE OIL

N/A

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE
WASTE OIL STORAGE REGULATIONS? _____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

The generator ONLY generates or accumulates less
than 1001 gals. of waste oil per month and:

7.7(d) Generator FAILED to obtain receipts
and retain them for three years. _____

9.2(b) If under ground tanks are used to
store waste oil, the generator
is NOT a:

1. New commercial service
station waste oil tanks
of <1001 gal capacity* _____

or does NOT:

2. Use underground tanks in
existence and in use for
Hazardous Waste storage
prior to 1/17/83. _____

NOTE: If the generator accumulates over 100 kg of
hazardous waste and <1001 gal of waste oil,
he must manifest off the waste oil but does
not have to comply with subchapter 9 require-
ments for waste oil. If the generator accum-
ulates >1001 gal of waste oil in any given
month he MUST be in compliance with ALL
generator requirements.

COMMENTS:

SECTION 6.

N/A

ABOVE GROUND TANKS

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE ABOVE
GROUND <90 DAY STORAGE TANK REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the generator stores hazardous waste in an above ground
tank for <90 days, the generator FAILED to:

- 9.3(b) Have a letter of approval? _____
- 9.3(b)2 Have overfilling controls? _____
- 9.3(b)3 Have secondary containment? _____
- 9.3(b)4 Insure that 99% of the tank can be
emptied? _____
- 9.3(b)5 Empty the tank every 90 days? _____
- 9.3(b)6 All wastes removed from the tank(s)
to authorized facility? _____
- 9.3(b)8 If part of the tank is below grade, all
of the tank cannot be visually inspected. _____
- 9.3(b)9 The tank is not labeled with the
words "HAZARDOUS WASTE". _____

COMMENTS

SECTION 7.

WASTE MANAGEMENT

IS THE FACILITY IN COMPLIANCE WITH THE WASTE
MANAGEMENT REGULATIONS?

YES NO

☒ ☐

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

12.1(a) Generator IS ACTING as a TSDF by:

1. Treating hazardous waste. _____

2. Storing hazardous waste. _____

3. Disposing of hazardous waste on
site? _____

9.3(a)1 The generator FAILS to ship hazardous
waste off site within 90 days. _____

9.2(a)2 Hazardous waste IS handled in a manner
which causes or may cause a spill. _____

N.J.S.A. 58:10-23.11(c)

Discharge of a hazardous substance. _____

N.J.S.A. 58:10-23.11(e)

Failure to report the discharge. _____

IF THE FACILITY IS ACTING AS A TSDF, COMPLETE THE TSD
REPORT.

COMMENTS:

SECTION 8.GENERATOR MANIFESTS

IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR
MANIFEST REGULATIONS?

YES NO
✓ _____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE

7.4(a)3	Generator <u>FAILED</u> to prepare a Hazardous Waste Manifest.	_____
7.4(a)4	Each manifest <u>failed</u> to have the following information:	
7.4(a)4i	Generator's name, mailing address (site address if different), and phone number.	_____
7.4(a)4ii	The generator's EPA ID number.	_____
7.4(a)4iii	The transporter(s) name, phone number, NJ registration and decal numbers.	_____
7.4(a)4iv	The transporter(s) EPA ID number.	_____
7.4(a)4v	The name, address and phone number of the designated TSD facility.	_____
7.4(a)4vi	The TSDF's EPA ID number.	_____
7.4(a)4vii	The proper USDOT description.	_____
OR		
	Complete NOS information in item J.	_____
7.4(a)4viii	Special handling instructions.	_____
7.4(a)5i	The generator signature.	_____
7.4(a)5ii	Transporter's signature & date.	_____
7.4(a)5iii	Generator <u>FAILED</u> to retain copy and forward copies to the state of origin & state of destination.	_____
7.4(a)5v	Generator <u>FAILED</u> to give the remaining copies to hauler.	_____

- 7.4(e)2 Generator FAILED to use a registered Transporter. _____
- 7.4(e)3 Generator FAILED to designate an authorized TSD or reuse facility. _____
- 7.4(e)4 Generator FAILED to utilize an authorized TSD. _____
- 7.4(f) Generator FAILED to maintain the following facility records for three (3) years:
- 7.4(f)1 Manifests. _____
- 7.4(f)2 Annual and/or exception reports. _____
- 7.4(f)3 Generator FAILED to maintain records during the course of unresolved enforcement action or as requested. _____
- 7.4(h)1 When the generator has FAILED to receive signed copies of all manifests, he FAILED to notify the TSD or Department within 35 days. _____
- 7.4(h)2 Generator FAILED to file exception reports within 45 days. _____

COMMENTS:

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HAZARDOUS WASTES EXPORTATION

IS THE FACILITY IN COMPLIANCE WITH THE EXPORT
REQUIREMENTS OF THE REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

7.4(b) Notify the EPA of its intent to export. _____
Obtain acknowledgement of consent
from the receiving country. _____

7.4(c) Provide the information required in
N.J.A.C. 7:26-7.4 ET. SEQ.to the EPA. _____

7.4(c)7 Insure that the acknowledgement is
attached to each manifest. _____

7.4(c)8 Deliver a copy of the Manifest to
Customs at the point of departure? _____

7.4(g)4 Submit an annual report to the EPA? _____

COMMENTS:

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SECTION 10.CONTINGENCY PLAN AND EMERGENCY PROCEDURES

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE CONTINGENCY
PLAN & EMERGENCY PROCEEDURES REGULATIONS? ✓

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- | | | |
|--------|---|-----------------------------|
| 9.7(a) | <u>NO</u> written contingency plan. | <u> </u> |
| 9.7(b) | Generator <u>FAILED</u> to implement the
plan in an emergency. | <u> </u> |
| 9.7(c) | Plan <u>FAILED</u> to describe the response
actions facility personnel and local
authorities shall take. | <u> </u> |
| 9.7(d) | Generator has a DPCC or SPCC plan,
and <u>FAILED</u> to amend that plan to
incorporate hazardous waste
management. | <u> </u> |
| 9.7(e) | Plan <u>FAILS</u> to describe arrange-
ments agreed to by local authorities. | <u> </u> |
| 9.7(f) | Plan <u>FAILS</u> to list names, addresses,
and phone numbers (office and home) .
of emergency coordinators. | <u> </u> |
| 9.7(g) | Plan <u>FAILS</u> to include a list,
location, AND CAPABILITIES of all
emergency equipment. | <u> </u> |
| 9.7(h) | Plan <u>FAILS</u> to describe evacuation
procedures, evacuation signal(s)
AND routes. | <u> </u> |
| 9.7(i) | Generator <u>FAILED</u> to: | |
| | 1. Keep a copy of the plan
at the facility. | <u> </u> |
| | 2. Submit the contingency plan
to local authorities. | <u>✓</u> |

9.7(j) Generator FAILED to revise the contingency plan when:

1. Applicable regulations are revised. _____
2. The plan fails. _____
3. The facility changes. _____
4. The Emergency Coordinator changes. _____
5. The emergency equipment changes. _____

9.7(k) Emergency coordinator NOT available. _____

COMMENTS

9.7(i)- No Documentation Available

↳ Will send copies to locals w/ some type of return receipt as proof.

SECTION 11.PERSONNEL TRAINING

IS THE FACILITY IN COMPLIANCE WITH THE
PERSONNEL TRAINING REGULATIONS?

YES NO

____ ✓

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

-
- | | | |
|------------|---|-------|
| 9.4(g)2 | Training program <u>NOT</u> directed by a person trained in hazardous waste management procedures and, is it <u>NOT</u> designed to ensure that facility personnel are able to respond effectively. | _____ |
| 9.4(g)3 | Program <u>FAILS</u> to include the following response procedures: | |
| 9.4(g)3i | Use of personnel safety equipment. | _____ |
| 9.4(g)3ii | Procedures for using facility emergency and monitoring equipment. | _____ |
| 9.4(g)3iii | Key parameters for automatic waste feed cut-off systems. | _____ |
| 9.4(g)3iv | Procedures for utilizing communications or alarm systems. | _____ |
| 9.4(g)3v | Response procedures for fires & explosions. | _____ |
| 9.4(g)3vi | Ground water contamination responds procedures. | _____ |
| 9.4(g)3vii | Shutdown procedures. | _____ |
| 9.4(g)4 | Personnel <u>have NOT</u> successfully completed training within six months of the date of their employment or assignment to a new position at the facility. | _____ |
| 9.4(g)5 | Personnel do <u>NOT</u> take part in an annual review of training. | _____ |
| 9.4(g)6 | <u>NO</u> written documentation of the following: | |
| 9.4(g)6i | Job title for each position and the name of the employee filling each job. | _____ |

94(9)6ii	A written job description.	<input checked="" type="checkbox"/>
9.4(g)6iii	Description of the training given to personnel.	<input type="checkbox"/>
9.4(g)6iv	Documentation of actual training.	<input type="checkbox"/>
9.4(g)7	Training records are <u>NOT</u> kept.	<input type="checkbox"/>
9.4(g)8	Semi-annual drills, involving all employees and local authorities are <u>NOT</u> conducted.	<input type="checkbox"/>

AND,

9.4(g) 8i Generator FAILED to petition the Department for an exemption from the drill requirement.

OR

9.4(g)8ii Generator FAILED to petition the Department for an exemption excluding local officials.

COMMENTS

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SECTION 12.PREPAREDNESS AND PREVENTION

IS THE FACILITY IN COMPLIANCE WITH THE
PREPAREDNESS & PREVENTION REGULATIONS?

YES NO

☒ ☐

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 9.6(b) Facility FAILS to have:
- 9.6(b)1 Communications or alarm system. _____
- 9.6(b)2 A telephone or device to summon emergency assistance. _____
- 9.6(b)3 Portable emergency equipment. _____
- 9.6(b)4 Adequate Water supply. _____
- 9.6(c) Generator FAILED to test and maintain emergency equipment. _____
- 9.6(f) Generator FAILED to: *Gilbert (Burlington)*
- 9.6(f)1 Familiarize Police, fire departments, and emergency response teams with the layout of the facility, & hazardous waste handled. _____
- 9.6(f)2 Have an agreement designating primary emergency authority to a specific police and fire department where more than one Police and fire department are involved. _____
- 9.6(f)3 Make agreements with emergency response contractors, and equipment supplier. *AETC* _____
- 9.6(f)4 Make arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries result from fires, explosions, or discharges at the facility. _____
- 9.6(f)5 Make arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually. *Cinnamson Bur of Fire Prevention* _____

DFWE 29
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Consultants

9.6(f)6

Document when authorities
identified in (f)1 through 5
above declined to enter into
such arrangements.

COMMENTS:

SECTION 13.WASTE WATER TREATMENT PLANT SLUDGE

FACILITY _____

EPA ID. No. _____ FILE No. _____

DOES THE FACILITY OPERATE A SLUDGE DRYING UNIT? _____

IF YES, OBTAIN THE FOLLOWING INFORMATION:

1. "WASTE WATER TREATMENT UNIT" QUALIFICATION PER
7:14A-4.3

Is the drying unit part of a waste water treatment facility which is subject to regulation under sections 402 or 307(b) of the federal Clean Water Act? _____

Note: In order to be considered "part of" the facility, the dryer need not be physically connected to the W.W.T. Facility, but must be located at the same site.

Describe the relationship between the dryer and the W.W.T. Facility.

Describe how the sludge is moved from the W.W.T. Facility to the dryer.

Does the drying unit treat a sludge which is generated on-site by the wastewater treatment facility? _____

Is the sludge to be treated a regulated hazardous waste as defined at N.J.A.C. 7:26-8? _____

If yes, what is the waste classification code? _____

Does the drying unit meet the definition of a "tank" at N.J.A.C. 7:14A-4.3? _____

Note: "Tank" means a stationary device designed to contain an accumulation of hazardous waste and constructed of non-earthen materials which provide the structural strength to totally contain the waste. Dryers that are integrally equipped with feed or discharge hoppers for treatment of sludge in bulk satisfy the definition of "tank". Others not so designed may still be considered tanks on a case-by-case basis.

Provide a physical description of the drying unit.

2. PRIMARY PURPOSE RESTRICTION

Is the primary purpose of the dryer to dehydrate sludge, AND NOT to destroy sludge in order to produce an ash residue. _____

3. THERMAL INPUT LIMITATION

What is the dryer's maximum volume of sludge that the drying unit can hold? _____

What is the heating capacity of the drying unit in kilowatts or BTU/minute? _____

What is the maximum drying time? _____

What is unit weight of the sludge (lbs/cuft)? _____

THIS INFORMATION SHOULD BE SUBMITTED BY THE INSPECTOR TO BHWE FOR A PERMIT EXEMPTION DETERMINATION.

CONFIDENTIAL - RECOMMENDATIONS

TO: FILE _____ DATE

FROM: _____

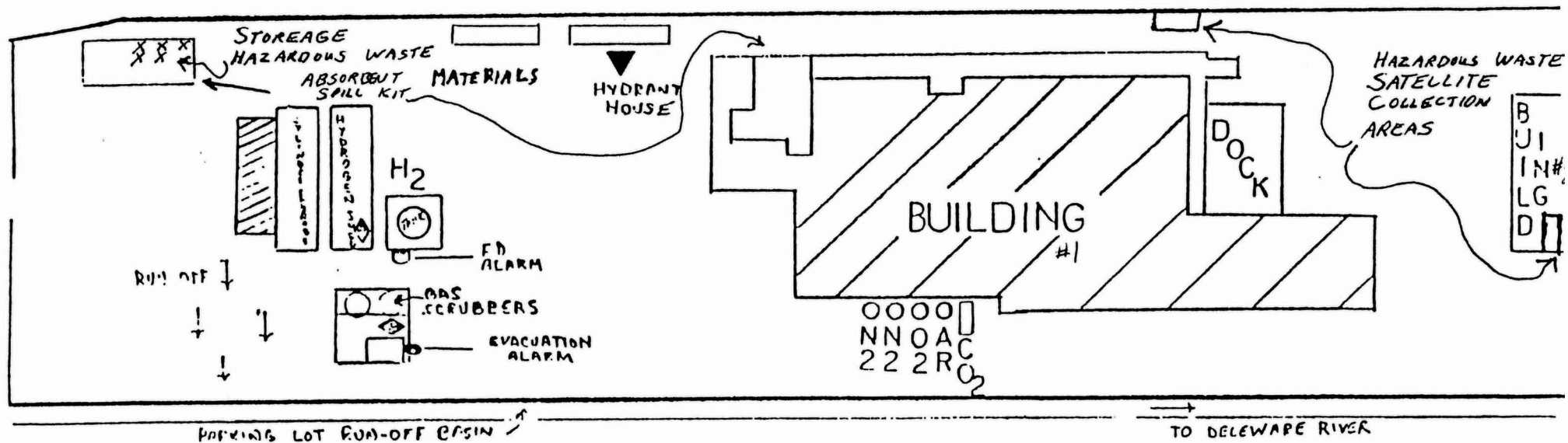
SUBJECT: _____

EPA. ID. #: _____ INSPECTION DATE: _____

COMMENTS:

add additional pages as needed

add additional pages as needed



HAZARDOUS WASTE PLAN

New Jersey Department of Environmental Protection and Energy
Division of Facility Wide Enforcement
Central Bureau of Water & Hazardous Waste Enforcement
CN 407, Trenton, N.J. 08625-0407
(609) 584-4200



FAX (609) 584-4220
NOTICE OF VIOLATION

ID NO. NJD 002 386621

DATE August 2, 1993

NAME OF FACILITY Airco Industrial Gases

LOCATION OF FACILITY Union Landing and River Rd, Cinnaminson

NAME OF OPERATOR Dan Kaluhiekalani, Safety Coordinator

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following alleged violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION ① NJAC 7:26-9.4(g) - ^{Failure of} Facility owner or operator to provide required classroom or on-the-job training for facility personnel (Specifically - 9.4(g) 6ii - written job descriptions)

② NJAC 7:26-9.7(i) - Failure of contingency plan to be maintained at facility with a copy sent to local police or fire departments, hospitals or State or local emergency response teams. (No documentation that local authorities received copies)

Remedial action to correct these violations must be initiated immediately and be completed by

August 31, 1993. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$50,000 per violation.

Daniel Kaluhiekalani
Facility Receipt of Copy Only

Theresa A. Pagodin
Investigator, Division of Facility Wide Enforcement
Department of Environmental Protection & Energy
Theresa A. Pagodin

RCRA LAND DISPOSAL RESTRICTIONS INSPECTION

I. General Information

Facility Name: Airco Industrial GasesU.S. EPA ID#: NJD 002 386 621 SIC Code: 2813Street: River and Union Landing RoadsCity: Riverton State: New Jersey Zip: 08077Telephone #: (609) 829-7878 Telefax #: (609) 829-6576Inspection Date: 8/2/93 Time: 9:45 a.m.

	<u>Name</u>	<u>Agency/Title</u>	<u>Telephone #</u>
Inspectors:	<u>Theresa Pagodin</u>	<u>NJDEPE</u>	<u>(609) 584-4200</u>

Facility Reps*:	<u>Danny Kaluhiokalani, Safety Coor.</u>	<u>(609) 829-7878</u>
-----------------	--	-----------------------

* - Primary Environmental Contacts

See Appendix B to determine which of the following LDR waste categories the facility manages:

	<u>Generate</u>	<u>Transport</u>	<u>Treat</u>	<u>Store</u>	<u>Dispose</u>
F001-F005	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
F020-F023 & F026-F028	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
California List	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
First Third	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Second Third	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Third Third	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

INSPECTION SUMMARY

Processes that Generate LDR Wastes:

- ① Cleaning Cylinders
- ② Painting Cylinders
- ③ Scrubber Waste

LDR Waste Management:

See Attached Report

Summary of Potential LDR Violations:

No potential violations noted during this inspection

Inspector Name and Title: theresa Pagodin, Principal Env. Specialist
Signature: Theresa A. Pagodin

RCRA LAND DISPOSAL RESTRICTIONS INSPECTION

I. Waste Code Determination

1. Have all wastes been correctly identified for purposes of compliance with 40 CFR Part 268?

Yes ☒ No ☐

If no, list below:

Assigned Classification

Correct Classification

Comments: _____

2. Have both the listed and characteristic waste code been assigned, where a listed waste exhibits a characteristic? [40 CFR 268.9(a)]

Yes ☒ No ☐ NA ☐

Comments: _____

3. Has multi-source leachate been assigned the F039 waste code [40 CFR 261.31]?

Yes ☐ No ☐ NA ☒

If yes, was single-source leachate combined to form multi-source leachate [55 FR22623]?

Yes ☐ No ☐

Comments: _____

II. GENERATOR REQUIREMENTS

A. Treatability Group/Treatment Standard Identification

1. F001-F005 Spent Solvent Wastes: Does the generator correctly determine the appropriate treatability group/treatment standard (* wastewater vs. non-wastewater) for each F-solvent?

Yes ☒ No ☐ NA ☐

If No, list below:

Waste Code

Assigned Classification

Correct Classification

Comments: _____

* < 1% by weight total organic carbon (TOC), < 1% by weight total F001-F005 solvent constituents listed in 40 C.F.R. Table CCWE [40 C.F.R. 268.2(f)(1)]

2. F020-F023 and F026-F028 Dioxin Wastes: Does the generator correctly determine the appropriate treatability group/treatment standard (* wastewater vs. non-wastewater) for each dioxin waste?

Yes _____ No _____ NA ☒

If no, list below:

<u>Waste Code</u>	<u>Assigned Classification</u>	<u>Correct Classification</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

* < 1% TOC by weight and < 1% total suspended solids (TSS) by weight [40 C.F.R. 268.2(f)]

3. First, Second, and Third Third Wastes:

- a. Does the generator correctly determine the appropriate treatability group/treatment standard for each waste (i.e. subcategory and * wastewater vs. non-wastewater)?

Yes ☒ No _____ NA _____

If no, list below:

<u>Waste Code</u>	<u>Assigned Subcategory</u>	<u>Correct Subcategory</u>	<u>Assigned wastewater vs. nonwastewater designation</u>	<u>Correct wastewater vs. nonwastewater designation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* < 1% TOC by weight and < 1% TSS with the following exceptions: K011, K013, and K014 wastewaters - less than 5% by weight TOC and less than 1% by weight TSS; K103 and K104 wastewaters - less than 4% by weight TOC and less than 1% by weight TSS. [40 C.F.R. 268.2(f)(2) and (3)]

Comments: _____

- b. Do the assigned treatment standards for listed wastes cover constituents that may cause the waste to exhibit any characteristics? [40 CFR 268.9(b)]

Yes ☒ No _____ NA _____

- c. Does the generator specify alternative treatment standards for lab packs?

Yes ☒ No _____ NA _____

If yes, do lab packs only contain the following wastes* ? [40 CFR 268.42(c)(2)]

☒ Organometallics: 40 Part 268, Appendix IV constituents
☐ Organics: 40 Part 268, Appendix V constituents

* Unregulated wastes and hazardous wastes which meet treatment standards may be commingled in the appropriate Appendix IV and V lab pack. [55 FR 22629]

d. Does the generator specify alternative treatment standards for F039 multi-source leachate?

Yes ☐ No ☐ NA ☒

4. California List Wastes: Has the generator correctly identified the treatability group and treatment standard/prohibition level for the following wastes [55 FR 22675] ?

a. Liquid hazardous wastes containing PCB's ≥ 50 ppm

Yes ☐ No ☐ NA ☒

If yes, check the appropriate treatability group:

☐ 50 to 500 ppm PCB's

☐ ≥ 500 ppm PCB's

b. Listed or characteristic wastes containing $\geq 1,000$ mg/l (liquids) or mg/kg (non-liquids) HOC's, which are not listed or characterized by the HOC content.

Yes ☐ No ☐ NA ☒

If yes, check the appropriate treatability group:

☐ Dilute HOC wastewater (1,000 mg/l-10,000mg/l HOCs)

☐ All other HOC's greater than or equal to the prohibition level of 1,000 mg/l (liquids) or mg/kg (non liquids)

c. Liquid hazardous wastes that exhibit a characteristic and also contain ≥ 134 mg/l nickel and/or ≥ 130 mg/l thallium.

Yes ☐ No ☐ NA ☒

5. Treatment standards expressed as required technologies: Has the generator specified an alternative method to that required in 40 CFR 268.42?

Yes ☐ No ☐ NA ☒

If yes, list the waste code, the technology specified in 40 CFR 268.42, the alternative method and documentation of approval [40 CFR 268.42(b)].

Waste Code	Required Technology	Alternative Method	Approval
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments: _____

6. Does the generator mix restricted wastes with different treatment standards for a constituent of concern?

Yes _____ No ☒

If yes, did the generator select the most stringent treatment standards?
[40 CFR 268.41(b) and 268.43(b)]

Yes _____ No _____

Comments: _____

B. Waste Analysis

1. Does the generator determine whether restricted wastes exceed treatment standards/prohibition levels at the point of generation? [268.7(a)]

Yes _____ No ☒

If no, does the generator ship all restricted wastes as not meeting treatment standards?

Yes ☒ No _____

Comments: _____

2. Which of the following analytical methods does the generator employ?

- a. Knowledge of waste:

Yes ☒ No _____

If yes, list the wastes for which applied knowledge was used and describe the basis of determination. Attach documentation. [40 CFR 268.7(a)(5)]

MSDS available at facility

- b. TCLP: Are wastes with treatment standards specified in 40 CFR 268.41 analyzed using TCLP? (BDAT=stabilization/immobilization technology) Examples: D004-D011, and F001-F009, etc.

Yes _____ No ☒ NA _____

If yes, list the wastes for which TCLP was used and provide the date of last test, the frequency of testing, and note any problems. Attach sample of typical test results [40 CFR 268.7(a)(5)].

- c. Total constituent analysis: Are wastes with treatment standards specified in 268.43 analyzed using total constituent analysis? (BDAT=destruction/removal technology) Examples: D001-D003, majority of P and U wastes, etc.

Yes _____ No ☒ NA _____

If yes, list the wastes for which total constituent analysis was used and provide the date of last test, the frequency of testing, and note any problems. Attach sample of typical test results [40 CFR 268.7(a)(5)].

- d. PFLT* : Was PFLT used to determine if California List constituents were contained in *liquid* hazardous waste?

Yes _____ No _____ NA ☒

* PFLT = Paint Filter Liquids Test [Test Method 9095, EPA Publication No. SW-846]

If yes, list the wastes for which PFLT was used and provide the date of last test, the frequency of testing, and note any problems. Attach sample of typical test results. [40 C.F.R. 268.7(a)(5)]

3. Does the generator treat restricted wastes in < 90 day tanks or containers regulated under 40 CFR 262.34? (Examples: elementary neutralization, etc)

Yes _____ No ☒ (If No, go to 4)

Does the generator treat the wastes to meet appropriate treatment standards/prohibition levels?

Yes _____ No _____

If yes, has the generator prepared a waste analysis plan detailing the frequency of testing to be conducted? [40 CFR 268.7(a)(4)]

Yes _____ No _____ (If No, go to 4)

Does the plan fulfill the following? [40 CFR 268.7(a)(4)(i)]

_____ Based on a detailed chemical and physical analysis of a representative sample.

_____ Contains information necessary to treat the wastes in accordance with 40 CFR Part 268 requirements.

Has the plan been filed with the Regional Administrator (Receipt required for verification)? [40 CFR 268.7(a)(4)(ii)]

Yes _____ No _____

Comments: _____

4. Dilution Prohibition [40 CFR 268.3]:

- a. Does the generator mix prohibited* wastes with different treatment standards?

Yes _____ No ☒ (If No, go to b)

List the wastes: _____

Are the wastes amenable to the same type of treatment? [55 FR 22666]

Yes _____ No _____

* Prohibited wastes must be treated to established treatment standard prior to land disposal.

Comments: _____

- b. Does the generator dilute prohibited wastes to meet treatment standard criteria, or render them non-hazardous? [55 FR 22665-22666]

Yes _____ No ☒ (If No, go to c)

Check appropriate category:

_____ Dilutes to meet treatment standards

_____ Dilutes to render waste non-hazardous

Do the wastes fall into the following categories? [40 CFR 268.3(b)]

_____ Managed in treatment systems regulated under the Clean Water Act

_____ Non-Toxic* characteristic wastes

_____ Treatment standard specified in 40 CFR 268.41 or 268.43

* Non-toxic = D001 (except high TOC nonwastewaters), D002, and D003 (except cyanides and sulfides). [55 FR 22666]

If the wastes do not fall into the above categories, briefly describe the conditions under which they were diluted:

- c. Based on an assessment of points a. and b. and any other relevant circumstances, does the generator dilute prohibited wastes as a substitute for adequate treatment? [40 CFR 268.3(a)]

Yes _____ No ☒

Comments: _____

5. F039 Multi-source leachate: Has the generator run an initial analysis for all constituents of concern in 40 CFR 268.41 and 268.43? [55 FR 22620]

Yes _____ No _____ NA ☒

C. Management

1. On-Site Management

- a. Are restricted wastes treated (other than in a RCRA exempt unit), stored for greater than 90 days, or disposed on site?

Yes _____ No ☒ (If yes, complete TSD Checklist)

Comments: _____

- b. If the generator treats characteristic wastes in systems regulated under the Clean Water Act, have the following been documented: the determination of restriction, how restricted wastes are managed, and why wastes discharged pursuant to a NJPDES permit are not prohibited (if applicable)? [55FR 22662]

Yes _____ No _____ NA ☒

- c. If the generator treats characteristic wastes in RCRA exempt units to render them non-hazardous, are the wastes managed as restricted until 40 CFR 268 treatment standards are met*? [40 CFR 268.9(d)]

Yes _____ No _____ NA ☒

* This applies to both concentration based treatment standards specified in 40 CFR 268.41 and 268.43, and to some 40 C.F.R. 268.42 required methods which result in treatment below the characteristic level. See Appendix D.

2. Off Site Management: Waste Exceeds Treatment Standards

- a. Does the generator ship any waste that exceeds treatment standards/prohibition levels to an off-site treatment or storage facility?

Yes _____ No ☒ (If No, go to 3)

Does the generator provide a notification to the treatment or storage facility? [40 CFR 268.7(a)(1)]

Yes _____ No _____ (If No, go to 3)

If the generator specifies alternative treatment standards for lab packs, is the certification required in 40 CFR 268.7(a)(7) or (8) included with the notification?

Yes _____ No _____ NA _____

- b. Is a notification sent with each waste shipment?

Yes _____ No _____

If no, is the waste subject to a tolling agreement pursuant to 262.20(e) [SQG only] ?

Yes _____ No _____ (If No, go to 3)

* Small quantity generator = generator of greater than or equal to 100 kg/month but less than 1,000 kg/month hazardous waste, or less than 1 kg/month of acutely hazardous waste. (NJ criteria = <100 kg/month of hazardous waste or <1 kg/month of acutely hazardous waste)

List waste codes and subsequent handler with whom a contractual tolling agreement is held.

Waste Code	Subsequent Handler	Waste Code	Subsequent Handler
_____	_____	_____	_____

Did the SQG provide a notification to the receiving facility with the first waste shipment subject to the tolling agreement [40 CFR 268.7(a)(9)]?

Yes _____ No _____

3. Off-Site Management: Waste Meets Treatment Standards

- a. Does the generator ship waste that meets treatment standards/prohibition levels to an off-site disposal facility?

Yes _____ No ☒ (If No, go to 4)

Identify waste code(s) and off-site disposal facilities:

<u>Waste Code</u>	<u>Receiving Facility</u>
_____	_____
_____	_____

Note: Include documentation supporting the generator's determination that the waste meets applicable treatment standards/prohibition levels.

Does the generator provide a notification and certification to the disposal facility? [40 CFR 268.7(a)(2)(i) and 268.7(a)(2)(ii)]

Yes _____ No _____ (If No, go to D)

- b. Are a notification and certification sent with each waste shipment?

Yes _____ No _____

If no, is the waste subject to a tolling agreement pursuant to 262.20(e)? (SQG only)

Yes _____ No _____ (If No, go to c)

List waste codes and subsequent handler with whom a contractual tolling agreement is held.

<u>Waste Code</u>	<u>Subsequent Handler</u>	<u>Waste Code</u>	<u>Subsequent Handler</u>
_____	_____	_____	_____

Did the SQG provide a notification and certification to the receiving facility with the first waste shipment subject to the tolling agreement? [40 CFR 268.7(a)(9)]

Yes _____ No _____

- c. Are characteristic wastes which have been rendered non-hazardous (in a RCRA exempt unit) shipped to a Subtitle D facility?

Yes _____ No _____ NA _____ (If No or NA, go to 4)

Complete the following table:

<u>Waste Code</u>	<u>Receiving Facility</u>	<u>Waste Code</u>	<u>Receiving Facility</u>
_____	_____	_____	_____

Are a notification and certification for each shipment sent to the Regional Administrator or authorized State? [40 CFR 268.9(d)(1) and 268.7(b)(5)]

Yes _____ No _____

4. Records Retention

Does the generator retain on site copies of all notifications, certifications, and other relevant documents for a period of 5 years? [40 CFR 268.7(a)(6)]

Yes ☒ No _____

Are copies of relevant tolling agreements, along with the LDR notification and/or certification, kept on site for at least 3 years after expiration or termination of the agreement? [40 CFR 268.9]

Yes _____ No _____ NA ☒

Do LDR documents reflect proper management of wastes previously covered under case by case extensions?

Yes _____ No _____ NA ☒

Comments: _____

D. Treatment Using RCRA 40 CFR Parts 264 and 265 Exempt Units or Processes

1. Are restricted wastes treated in RCRA exempt units (distillation units, wastewater treatment tanks, elementary neutralization, etc.)?

Yes _____ No ☒ (If No, do not complete this section)

List types of waste treatment units and processes:

<u>Waste Code</u>	<u>Type of Treatment</u>	<u>Treatment units and processes</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Are treatment residuals generated from these units?

Yes _____ No _____

Comments: _____

3. Are residuals further treated, stored for greater than 90 days, or disposed on site?

Yes _____ No _____ NA _____

(If yes, the TSD checklist must be completed)

E. Additional Comments, Concerns, or Issues not addressed in the Checklist:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Waste Minimization Checklist

GENERATOR CHECKLIST

MANIFEST

GENERAL 262.20

YES NO N/A

Does the generator, offer for transportation, hazardous waste for off-site treatment/disposal? If yes, proceed to next question. If no, proceed to 264.75/265.75.

☒ ☐ ☐

262.23

Does the generator sign the manifest certification which states;

☒ ☐ ☐

" If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of the waste generated to the degree I have determined to be economically practical and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the enviroment; OR, if I am a small quantity generator, I have made a good effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford."

Does the generator have a written Waste Minimization Plan?

☐ ☒ ☐

If no, is the generator able to describe his plan orally.

☒ ☐ ☐

COMMENTS:

(Explain in this space the areas that visually show evidence that a program is in place and is being implemented)

have changed processes - only have two scrubbers which generate hazardous waste and small amounts of solvents.

ANNUAL/BIENNIAL REPORT

262.41

YES NO N/A

Has the generator submitted Annual (AR) or Biennial reports (BER) to the appropriate regulatory agency?

☒ ☐ ☐

The inspector should review these reports prior to the inspection (see above), and should try to verify the information in the report during his/her site inspection. The following questions should be addressed during the inspection.

262.56(a)(5)

Does the BER or AR include the efforts undertaken during the year to reduce the volume of toxicity of the wastes generated?

☒ ☐ ☐

Does the BER or AR include a description of the changes in volume and toxicity of the wastes actually achieved during the year in comparison to previous years?

☒ ☐ ☐

Do these efforts match the information contained in the generator's written or verbally described waste minimization program.

☒ ☐ ☐

Is the BER or AR certification signed by the generator or authorized representatives?

☒ ☐ ☐



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/23/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD002386621

FACILITY NAME -> BOC GASES

MAILING ADDRESS -> UNION LANDING & RIVER RD
RIVERTON, NJ 08077

INSTALLATION ADDRESS -> UNION LANDING & RIVER RD
RIVERTON, NJ 08077

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: KLEMENTS, MARYELLEN
SAFETY COORD
BOC GASES
UNION LANDING & RIVER RD
RIVERTON, NJ 08077

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☐**A. First Notification**☒**B. Subsequent Notification**
(complete item C)**C. Installation's EPA ID Number**

N J D 0 0 2 3 8 6 6 2 1

II. Name of Installation (Include company and specific site name)

B O C G A S E S

III. Location of Installation (Physical address not P.O. Box or Route Number)**Street**

U N I O N L A N D I N G & R I V E R R D S.

Street (continued)**City or Town**

R I V E R T O N

State**ZIP Code**

N J 0 8 0 7 7 -

County Code**County Name**

B U R L I N G T O N

IV. Installation Mailing Address (See Instructions)**Street or P.O. Box**

S A M E

City or Town**State****ZIP Code**

-

V. Installation Contact (Person to be contacted regarding waste activities at site)**Name (last)****(first)**

K L E M E N T S M A R Y E L L E N

Job Title**Phone Number (area code and number)**

S A F E T Y C O O R D. 6 0 9 - 8 2 9 - 7 8 7 8

VI. Installation Contact Address (See Instructions)**A. Contact Address**
Location Mailing**B. Street or P.O. Box**

XX S A M E

City or Town**State****ZIP Code**

-

VII. Ownership (See Instructions)**A. Name of Installation's Legal Owner**

B O C G A S E S

Street, P.O. Box, or Route Number

U N I O N L A N D I N G & R I V E R R D S.

City or Town**State****ZIP Code**

N J 0 8 0 7 7 -

Phone Number (area code and number)**B. Land Type****C. Owner Type****D. Change of Owner Indicator****(Date Changed)**

Month Day Year

6 0 9 - 8 2 9 - 7 8 7 8 P P Yes No XX

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☒
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
- D 0 0 4

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Maryellen J. Klements

Name and Official Title (type or print)

Maryellen J. Klements Safety Coord

Date Signed

10/12/95

XI. Comments

NAME CHANGE FROM AIRCO INDUSTRIAL GASES TO BOC GASES

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Special Gases

An operating unit of The BOC Group, Inc.

Union Landing & River Roads
P.O. Drawer No. 272
Riverton
New Jersey 08077
Telephones: Marketing; 609-829-7878
Prod. & Admin.; 609-829-7914
International; 609-829-7917

make new file
03-31-05

2-9-87

Mr. Douglas Greenfield
NJDEP
Division of Waste Management
Twin Rivers Professional Bldg.
East Windsor, N.J. 08520

Mr. Greenfield:

Enclosed is a letter from the Cinnaminson Fire Department in response to my request for semi-annual inspections and fire drills.

As stated, fire inspections will be conducted three times each year as required by the New Jersey Uniform Fire Code. The fire department has also expressed their desire to conduct fire drills with our facility, but have put off such activities until "warmer weather".

We will stay in contact with the fire department to insure that these drills take place, and we will document their occurrence for your review in the future.

If I can answer any questions on these matters, please feel free to contact me.

Sincerely yours,

Brian Massimi
Airco Distributor Gases



Cinnaminson Bureau of Fire Prevention

Airco Industrial Gases.

February 7, 1987

Brian Massimi

Dear Brian, the Bureau is in receipt of your, Hazardous waste management plan, and also, your emergency action plan. Your facility annually will receive at least three fire prevention inspections, as set forth in the State Fire Code. They will occur probable every, 4 months.

In regards to Fire Department drills, the schedule is now being set for the warmer weather. This request has been turned over to Assist Chief William Covert, Station 202. The Bureau is also willing to conduct drills, for your employees, on your property, upon written request, for such things as use of hand extinguishers, operating procedures you can expect from the Fire Department, upon their arrival at your facility etc; The Fire Department is now involved, heavily in Hazardous Materials, training, and expect delivery within the next year of A Hazardous Materials Unit.

Thanks for your continued cooperation in your, efforts to maintain Fire Safety at your facility.

Bruce J Adams

Bruce J Adams
Fire Official

cc S 201&202 File

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYI. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER
F W J D 0 0 2 3 8 6 6 2 1 2 1
APPROVED
DATE RECEIVED (yr., mo., & day)
8 0 0 8 2 0

I. NAME OF INSTALLATION

A I R C O I N D U S T R I A L G A S E S

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P . O . D R A W E R 2 7 2

CITY OR TOWN

R I V E R T O N

ST.

ZIP CODE

N J

0 8 0 7 7

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

U N I O N L A N D I N G & R I V E R R O A D S

CITY OR TOWN

R I V E R T O N

ST.

ZIP CODE

N J

0 8 0 7 7

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

B O R Z I O J O P E R A T I O N S M A N A G E R

PHONE NO. (area code & no.)

6 0 9 - 8 2 9 - 7 9 1 4

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 A I R C O I N C O R P O R A T E D

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY									
5	6	7	8	9	10	11	12	13	14
W	N	J	D	0	0	2	3	8	6
1	2	3	4	5	6	7	8	9	10

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 2 2 6					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE (D001)
 ☒ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☒ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
E. F. Szymanski	E. F. Szymanski Director of Safety	8/11/80

EPA Form 8700-12 (6-80) REVERSE

Determinations made in this filing are preliminary in nature, and thus are subject to reevaluation upon completion of our scientific and legal review.

FORM
1
GENERAL



U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F N J D 0 0 2 3 8 6 6 2 1 3
1 2 3 4 5

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

PLEASE PLACE LABEL IN THIS SPACE

- II. POLLUTANT CHARACTERISTICS
- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. MAILING ADDRESS
- VI. FACILITY LOCATION

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS		MARK 'X'	
YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			
	X		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			
X			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			
X		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			
	X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
	X		
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			
	X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
	X		
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
	X		
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
	X		

III. NAME OF FACILITY

1 SKIP AIRCO INDUSTRIAL GASES

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

2 BORZIO J PLANT MANAGER

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 P O BOX 272

B. CITY OR TOWN

4 RIVER TON

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 UNION LANDING & RIVER ROADS

B. COUNTY NAME

BURLINGTON

C. CITY OR TOWN

6 RIVER TON

D. STATE

N J

E. ZIP CODE

08077

F. COUNTY CODE (if known)

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
7	2	8	1	3	(specify)	INDUSTRIAL GASES					7	2	8	1	9	(specify)	INDUSTRIAL INORGANIC CHEMICALS				
C. THIRD										D. FOURTH											
7					(specify)						7					(specify)					

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
A I R C O . I N D U S T R I A L . G A S E S .																																																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																													
F = FEDERAL										M = PUBLIC (other than federal or state)										P (specify)										A										2 0 1 4 6 4 8 1 0 0																			
S = STATE										O = OTHER (specify)																																																	
P = PRIVATE																																																											
E. STREET OR P.O. BOX																																																											
5 7 5 M O U N T A I N A V E N U E																																																											
F. CITY OR TOWN																														G. STATE										H. ZIP CODE										IX. INDIAN LAND									
M U R R A Y H I L L																														N J										0 7 9 7 4										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
N J 0 0 0 4 5 4 5															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															(specify)														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: N/50

XII. NATURE OF BUSINESS (provide a brief description)

BLENDING OF VARIOUS INDUSTRIAL GASES TO CUSTOMER SPECIFICATIONS.

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
T. E. PARKER - VICE PRESIDENT BUSINESS MANAGER		<i>TE Parker</i>		11/18/80	

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																																																	



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•NJ0002386621

INSTALLATION ADDRESS

AIRCO INDUSTRIAL GASES
PO DRAWER 272
RIVERTON

NJ 08077

UNION LANDING & RIVER ROADS
RIVERTON

NJ 08077

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

add transp. status

done 10-6-86 ✓

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F N J D 0 0 2 3 8 6 6 2 1

A

8 0 0 8 2 0

I. NAME OF INSTALLATION

A I R C O S P E C I A L G A S E S

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 U N I O N L A N D I N G & R I V E R R D S

CITY OR TOWN

ST.

ZIP CODE

4 R I V E R T O N

N J

0 8 0 7 7

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 U N I O N L A N D I N G & R I V E R R D S

CITY OR TOWN

ST.

ZIP CODE

6 C I N N A M I N S O N T O W N S H I P

N J

0 8 0 7 7

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 C I A N F R O N E N .

6 0 9 - 8 2 9 - 7 8 7 8

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 B O C G R O U P I N C

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

XX A. GENERATION

XX B. TRANSPORTATION (complete item VII)

C. TREAT/STORE/DISPOSE

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. AIR

B. RAIL

XX C. HIGHWAY

D. WATER

E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION

Add: Transporter status

XX B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

N J D 0 0 2 3 8 6 6 2 1

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY													
S	1	2	3	4	5	6	7	8	9	10	11	12	T/A/C
W	N	J	D	0	0	2	3	8	6	6	2	1	1
1	2											13	14 15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 2 2 6	P 0 7 8	U 1 3 5	U 0 0 2	U 1 3 4	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
P 0 6 3	P 0 9 6	P 0 0 2	U 0 1 9	U 0 4 3	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
P 0 7 6	P 0 9 5	P 0 5 6	U 2 1 1		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)


☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
	F.J. Dux, Mgr., Environmental Affairs	9/29/86

MEMO**NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION**

TO Vince Krisak DATE 3-03-87
FROM Doug Greenfield thru Linda Jordan *LS*
SUBJECT Airco Riverton, Burlington NJD 002386621 Reinspection
for compliance

3-02-87 Arrived at 1405 and met Jack Wert, Plant Manger, and Brian Massimi I explained to them that my visit was to check to see if they were in compliance as per their letter dated 2-06-87.

The storage area is inspected and recorded daily by the supervisor whose department generates 80% of the waste. they have correspondence from the Cinnaminson Bureau of Fire Prevention which states that the facility will be inspected at least three times annually. The letter states that drills will be conducted with the plant personnel.

Toured the storage area and observed all the old drums had been removed. This was also noted by the manifests generated the last month. There were only 10 drums of recently generated waste. Mr Massimi stated that no hazardous waste will remain on site for more than 90 days.

Left site at 1450.

RECOMMENDATION:

I feel this facility has come in compliance by correcting all the violations noted during the RCRA inspection on 2-02-87. This facility should be listed only as a generator.

INSPECTION REPORT (RFA)

REPORT PREPARED FOR:

- ☒ Generator
☐ Transporter
☐ HWM (TSD) Facility

FACILITY INFORMATION

Name: AIRCO
Address: UNIONLANDING & RIVER ROAD
(RIVERTON) CINNAMINSON TWP.
Lot: 2.1 Block: 610
County: BURLINGTON
Phone: (609) 829-7914
EPA ID #: NJD002386621
Date of Inspection: JANUARY 29 & FEBRUARY 2, 1987

PARTICIPATING PERSONNEL

State or EPA Personnel: DOUGLAS GREENFIELD

Facility Personnel: JACK WERT
BRIAN MASSIMI

Report Prepared by Name: DOUGLAS GREENFIELD

Region: CENTRAL

Telephone #: (609) 426-0700

Reviewed by: Linda Z. Yada

Date of Review: 2-11-87

FACILITY NAME: AIRCO

ADDRESS: UNIONLANDING 2 RIVER RD
RIVERTON

TIME IN: _____

COUNTY: BURLINGTON

TIME OUT: _____

EPA ID : NJD 002386621

DATE OF INSPECTION: FEBRUARY 2, 1987

PHOTOS TAKEN ☐ YES ☒ NO

If yes, how many? _____

SAMPLE TAKEN ☐ YES ☒ NO

NO. OF SAMPLES _____

NJDEP ID # _____

MANIFESTS REVIEWED ☒ YES ☐ NO

Number of manifests in compliance ALL

Number of manifests not in compliance _____

List manifest document numbers of those manifests not in compliance.

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS

Airco at this location fills gas cylinders with many types of gasses for industrial use. Most of the gasses are purchased and some are blended to the specific specification ordered by customers. These gasses are then compressed and put in cylinders for shipment to their customers.

All empty cylinders are returned to Airco. Some are refilled and others are shipped to a TSDF for cleaning. These clean cylinders are then returned to Airco and filled with other type gasses.

Describe the activities that result in the generation of hazardous waste.

Waste liquid of both NaOH and SiCl_4 is generated from the neutralization, scrubbing of gaseous residues removed from compressed gas cylinders before flaring or venting. Trichloroethylene - used as a degreaser.

Identify the hazardous waste located on site, and estimate the approximate quantities of each.
(Identify Waste Codes)

134	fifty-five gal drums	Waste Corrosive Liquid NOS.	D002
19	" " " " " " " "	NaOH	D002
5	" " " " " " " "	Sludge NOS. SiCl_4	D002
2	" " " " " " " "	Trichloroethylene	F001
1	" " " " " " " "	Liquid NOS (Arsenic)	D004

GENERATOR INSPECTION CHECKLIST

		YES	NO	N/A
7:26-8.5	<u>Hazardous waste determination</u>			
	(a) Did the generator test its waste to determine whether it is hazardous?	✓	—	—
	Is the waste hazardous?	✓	—	—
7:26-8.5(b)2	Is the generator determining that its waste exhibits a hazardous waste characteristic(s) based on its knowledge of the material(s) or processes used?	✓	—	—
	Has hazardous waste been shipped off site since November 19, 1980?	✓	—	—
	If yes, how many shipments, off site, have been made and describe the approximate size of an average shipment made on a monthly basis. If facility is a small quantity generator, please explain.			
	<div style="display: flex; justify-content: space-between;"> <div> <p>79-1</p> <p>80-0</p> <p>81-2</p> </div> <div> <p>82-2</p> <p>83-3</p> <p>84-3</p> </div> <div> <p>85-1</p> <p>86-6</p> <p>87-1</p> </div> </div> <p style="text-align: right; margin-right: 50px;"><i>500 gal/month</i></p>			
7:26-7.4(a)1	Does the generator have an EPA ID #?	✓	—	—
7:26-7.4(a)4	Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient)	✓	—	—
7:26-7.4(a)4i	The generator's name, address and phone number?	✓	—	—
7:26-7.4(a)4ii	The generator's EPA ID number?	✓	—	—
7:26-7.4(a)4iii	The transporter(s) name, address and phone number?	✓	—	—
7:26-7.4(a)4iv	The transporter(s) EPA ID number?	✓	—	—
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility?	✓	—	—
7:26-7.4(a)4vi	The TSDF's EPA ID number?	✓	—	—
7:26-7.4(a)4vii	The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?	✓	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-7.4(a)4viii	Special handling instructions and any other information required on the form to be shipped by the generator?	<u>✓</u>	<u> </u>	<u> </u>
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:			
7:26-7.4(a)5i	Sign the manifest certification by hand?	<u>✓</u>	<u> </u>	<u> </u>
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	<u>✓</u>	<u> </u>	<u> </u>
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	<u>✓</u>	<u> </u>	<u> </u>
7:26-7.4(a)5iv	Give remaining copies of the manifest form to the transporter?	<u>✓</u>	<u> </u>	<u> </u>
7:26-7.4(f)1	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	<u>✓</u>	<u> </u>	<u> </u>
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	<u>✓</u>	<u> </u>	<u> </u>
7:26-7.4(h)2	If not:			
	1. Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at 609-292-9877 to inform the NJDEP of the situation, and	<u> </u>	<u> </u>	<u>✓</u>
	2. Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	<u> </u>	<u> </u>	<u>✓</u>
	Before transporting or offering hazardous waste for transportation off site, does the generator?			
7:26-7.2(a)	Conspicuously label appropriate manifest numbers on all hazardous waste containers that are intended for shipment?	<u>✓</u>	<u> </u>	<u> </u>
7:26-7.2(b)	Insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations (i.e., 49 CFR 171 - 49 CFR 179)?	<u>✓</u>	<u> </u>	<u> </u>

YES NO N/A

7:26-9.3

Accumulation time

How is waste accumulated on site?

- ☒ Containers
- ☐ Tanks (complete HWMF checklist)
 - ☐ Aboveground ☐ Below ground
- ☐ Surface impoundments (complete HWMF checklist)
- ☐ Piles (complete HWMF checklist)

7:26-9.3(a)3

Is each container clearly dated with each period of accumulation so as to be visible for inspection?

✓

7:26-9.3(a)1

Is waste accumulated for more than 90 days?

✓

If yes, complete HWMF checklist.

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSD) CHECKLIST IS FILLED OUT.

SHORT TERM ACCUMULATION STANDARDS (FOR GENERATORS WHO ACCUMULATE WASTE IN CONTAINERS FOR 90 DAYS OR LESS)

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4	<u>Containers</u>			
	What type of containers are used for storage. Describe the size, type and quantity and nature of waste (e.g., 12 fifty five gallon drums of waste acetone).			
7:26-9.4(d)1i	Do the containers appear to be in good condition, not in danger of leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If no, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.			
7:26-9.4(d)4i	Are all containers securely closed except those in use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)4iii	Do containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing or leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)4iv	Are containerized hazardous waste segregated in storage by waste type?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)5	Is the storage area inspected at least daily?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 feet (15 meters) from the facility's property line?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-11.2	<u>Tanks</u>			
7:26-12.1(a)	Does the generator store hazardous waste in tanks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If yes, what are the approximate number and size of tanks containing hazardous waste?			

Identify the waste treated/stored in each tank.

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
	<u>General Operating Requirements</u>			
7:26-11.2(a)2	Are the tanks maintained so that there is no evidence of past, present, or risk of future leaks?	—	—	✓
	If no, please explain.			
	Are there leaking tanks?	—	—	✓
7:26-11.2(a)2	Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger or ruptures, corrosion, leaks or other failures?	—	—	✓
7:26-11.2(3)	Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?	—	—	✓
7:26-11.2(a)4	If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?	—	—	✓
7:26-11.2(d)	<u>Inspections</u>			
	Is the tank(s) inspected each operating day for:			
	1. Discharge control equipment	—	—	✓
	2. Monitoring equipment	—	—	✓
	3. Level of waste in tank	—	—	✓
	4. Construction of materials of the tank	—	—	✓
	5. Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures?	—	—	✓
7:26-9.2(b)	Are there underground tanks used to store hazardous waste?	—	—	✓
	If yes, how many and can they be entered for inspection?	—	—	✓
7:26-11.2(e)	Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?	—	—	✓
	If no, please explain.			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.2(f)	Does it appear that incompatible wastes are being stored separate from each other?	<u>—</u>	<u>—</u>	<u>✓</u>
7:26-9.4(g)4	<u>Personnel training</u> Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.4(g)5	If yes, have facility personnel taken part in an annual review of the initial training?	<u>✓</u>	<u>—</u>	<u>—</u>
	Is there written documentation of the following:			
7:26-9.4(g)6i	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.4(g)6ii	A written job description for each position related to hazardous waste management?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.4(g)6iii	A written description of the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.4(g)6iv	Documentation of actual training or experience received by personnel?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?	<u>—</u>	<u>✓</u>	<u>—</u>

YES NO N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness
and prevention requirements including
maintaining:

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.6(b)1	An internal communications or alarm system?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(b)2	A telephone or other device to summon emergency assistance from local authorities?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(b)3	Portable fire equipment, spill control equipment, and decontamination equipment?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(b)4	Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(c)	Is equipment tested and maintained?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(d)1	Is there immediate access to communications or alarm systems during handling of hazardous waste?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(e)	Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?	<u>↓</u>	<u>—</u>	<u>—</u>
	If no, please explain.			
	In your opinion, do the types of waste on site require all of the above procedures, or are some not required?	<u>↓</u>	<u>—</u>	<u>—</u>
	Explain.			
7:26-9.6(f)	Has the facility made the following arrangements, as appropriate for the type of waste handled on site:	<u>—</u>	<u>—</u>	<u>—</u>
7:26-9.6(f)1	Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	<u>✓</u>	<u>—</u>	<u>—</u>

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment suppliers?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(f)5	Arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	<u>—</u>	<u>✓</u>	<u>—</u>
7:26-9.7	<u>Contingency plan and emergency procedures</u>			
7:26-9.7(a)	Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.7(b)	Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.7(c)	Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.7(d)	Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 <u>et seq.</u> ?	<u>—</u>	<u>—</u>	<u>✓</u>
	If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?	<u>—</u>	<u>—</u>	<u>✓</u>
7:26-9.7(e)	Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?	<u>✓</u>	<u>—</u>	<u>—</u>

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.7(f)	Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates.	<u>✓</u>	<u> </u>	<u> </u>
7:26-9.7(g)	Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?	<u>✓</u>	<u> </u>	<u> </u>
7:26-9.7(h)	Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?	<u>✓</u>	<u> </u>	<u> </u>
7:26-9.7(i)	Is a copy of the contingency plan and all revisions to the plan:			
	1. Maintained at the facility; and	<u>✓</u>	<u> </u>	<u> </u>
	2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)?	<u>✓</u>	<u> </u>	<u> </u>

DATE RETURNED _____
REASON _____

☐ ACKNOWLEDGEMENT SENT

Complete

INTERNAL CHECKLIST

ID # NJD002386621

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

(i) NON-NOTIFIER ☐
D. (2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING :

MAP ☒ *awaiting*

DRAWING ☐

PHOTO ☐

OK



575 MOUNTAIN AVENUE, MURRAY HILL, NEW JERSEY 07974 • TELEPHONE: 201-464-8100

November 17, 1980

Permit Contact
Permits Administration Branch
Room 432
U.S. Environmental Protection Agency
26 Federal Plaza
New York, NY 10007

Dear Sirs:

Attached are EPA forms 1 and 3 for processing.

A topographical map is not included in the application as we have experienced a delay in obtaining this. We will forward it once it is received.

If I can be of any assistance, please contact me.



Frank J. Dux
Safety Administrator

FJD:db

Attachments

AIRCO Industrial Gases

575 MOUNTAIN AVENUE, MURRAY HILL, NEW JERSEY 07974 • TELEPHONE: 201-464-8100

February 5, 1982

U.S. Environmental Protection Agency
Region II
Solid Waste Branch
26 Federal Plaza
New York, NY 10007

State of New Jersey
Solid Waste Administration
Division of Environmental Quality
P. O. Box CN027
Trenton, NJ 08625

Dear•Sirs:

On November 19, 1980, an application for interim status as a treatment/storage facility was submitted for our operation located at:

Airco Industrial Gases
Union Landing & River Roads
Riverton, NJ 08077

U.S. EPA #NJDO02386621

When this application for interim status was submitted, it was unclear to us whether the type of operations at this plant were regulated under 40CFR Parts 264 to 267.

Through the Compressed Gas Association, we and the other member companies solicited an interpretation from the U.S. EPA on operations of this type. Mr. Christopher J. Capper, Acting Assistant Administrator for Solid Waste and Emergency Response, U.S. EPA responded in a letter dated November 6, 1981, a copy is attached.

Based on Mr. Capper's interpretation, we would like to withdraw the application of our ~~Phoenix~~ plant as a treatment/storage facility since our operations are exactly as Mr. Capper describes.

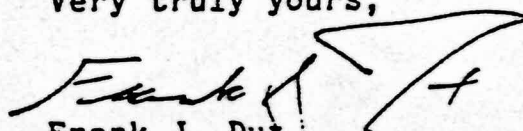
This plant will continue to act as a generator of hazardous wastes and will continue to comply with the requirements 40CFR262.

A DIVISION OF AIRCO, INC.

Should you have any questions, please contact me at
201-464-8100.

Thank you!

Very truly yours,

A handwritten signature in dark ink, appearing to read "Frank J. Dux", with a large, stylized flourish extending from the end of the signature.

Frank J. Dux
Regulatory Compliance Coordinator

FJD:mp

FD/02058279



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

NOV 6 1981

Lawrence W. Bierlein, Esq.
Compressed Gas Association
910 Seventeenth Street, N.W.
Washington, D.C. 20006

OFFICE OF
SOLID WASTE AND EMERGENCY RESPONSE

Dear Mr. Bierlein:

This is in response to your inquiry on the Resource Conservation and Recovery Act (RCRA) requirements to handle residues removed from compressed gas cylinders.

We understand that cylinders (defined generally under Department of Transportation regulations, 49 CFR 171.8, as pressure vessels having a water capacity not exceeding 1000 pounds and constructed in accordance with DOT requirements) are typically returned to gas suppliers containing gaseous residues. We further understand that these returned cylinders often are "topped off" without discard of the residues, and with reclamation of the residues by the gas supplier. In these situations, the residues are not solid wastes under §261.2, and thus, do not entail consideration of compliance with the hazardous waste regulations. (See letter from John P. Lehman to you dated November 3, 1980.)

If the gas supplier, however, decides to discard cylinders containing gaseous, liquid, or physically solid residues (i.e., non-empty containers) that meet the definitions in 40 CFR Part 261, the residues in the cylinders become hazardous wastes because they are being discarded, and these residues (and the cylinders) must be handled in compliance with the regulations. Any shipment of these contained gaseous or other wastes off-site must be in compliance with all generator and transporter requirements under 40 CFR Parts 262 and 263. Additionally, any such gas cylinders which are discarded or intended to be discarded must be managed in accordance with the requirements under 40 CFR Parts 264 to 267. Furthermore, any liquid or physically solid wastes removed from the cylinders or derived from the treatment of the contained gases, such as scrubber residues or waste neutralizing solutions, that are hazardous must be managed in accordance with the Subtitle C waste regulations.

The primary question raised by the Compressed Gas Association relates to the handling of gaseous residues removed from cylinders and neutralized, scrubbed, flared, or vented to the atmosphere, and specifically whether this activity constitutes the management of hazardous waste under the RCRA regulations. EPA does not construe the present regulations as applying to these practices. EPA has prioritized its regulatory efforts regarding hazardous wastes, and concluded that the flaring and venting of hazardous compressed gases or gases that are neutralized or scrubbed prior to their release to the environment does not demand immediate regulatory attention under the hazardous waste regulations. Accordingly, it is the position of the Agency that any gas cylinder handling facility is not subject presently to regulations promulgated under the Resource Conservation and Recovery Act, in the handling, neutralization, scrubbing, flaring or venting of gaseous residues removed from compressed gas cylinders.

The Compressed Gas Association has contended that the Agency lacks jurisdiction under RCRA to regulate the neutralization, scrubbing, flaring or venting of gases removed from cylinders, based on the definition of "solid waste" in section 1004 of RCRA and the legislative history of the statute. In light of the Agency's determination expressed in this letter, that such activities are not covered by today's RCRA regulations, we see no need to resolve the jurisdictional issue at this time. The Compressed Gas Association possesses the right to petition the Court of Appeals for review if and when the Agency asserts jurisdiction under RCRA over these activities in the future.

Sincerely yours,



Christopher J. Capper
Acting Assistant Administrator
for Solid Waste and Emergency Response



575 MOUNTAIN AVENUE, MURRAY HILL, NEW JERSEY 07974 • TELEPHONE: 201-464-8100

2/10

February 5, 1982

cc EHR

cc Jopl

cc Jim

Indoriginal to PAB

U.S. Environmental Protection Agency
Region II
Solid Waste Branch
26 Federal Plaza
New York, NY 10007

State of New Jersey
Solid Waste Administration
Division of Environmental Quality
P. O. Box CN027
Trenton, NJ 08625

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U.S. EPA #NJDO02386621

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007
FEB 12 3 PM '82

When this application for interim status was submitted, it was unclear to us whether the type of operations at this plant were regulated under 40CFR Parts 264 to 267.

Through the Compressed Gas Association, we and the other member companies solicited an interpretation from the U.S. EPA on operations of this type. Mr. Christopher J. Capper, Acting Assistant Administrator for Solid Waste and Emergency Response, U.S. EPA responded in a letter dated November 6, 1981, a copy is attached.

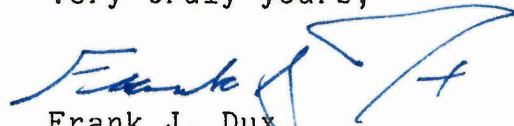
Based on Mr. Capper's interpretation, we would like to withdraw the application of our Phoenix plant as a treatment/storage facility since our operations are exactly as Mr. Capper describes.

This plant will continue to act as a generator of hazardous wastes and will continue to comply with the requirements 40CFR262.

Should you have any questions, please contact me at
201-464-8100.

Thank you!

Very truly yours,

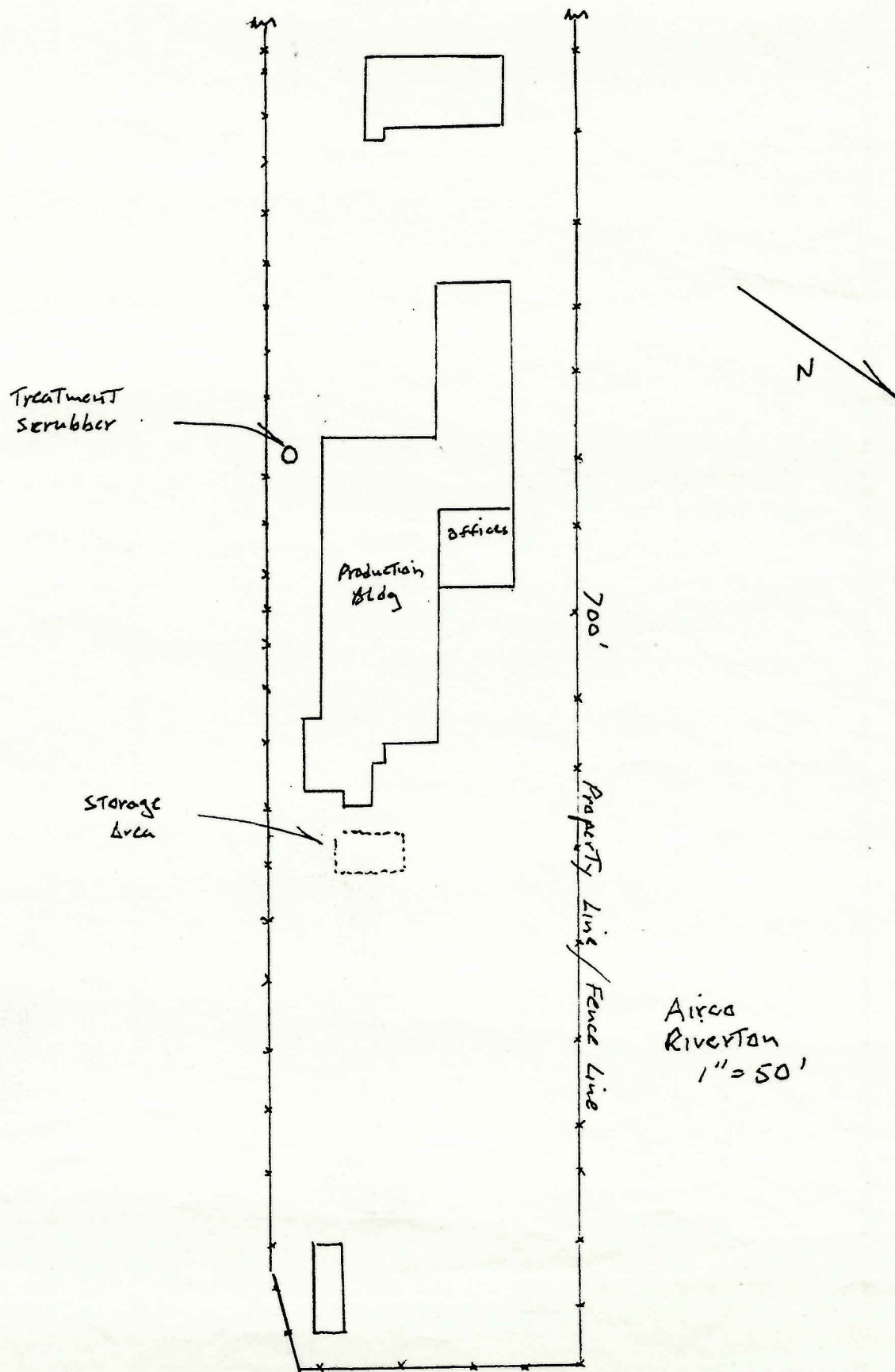
A handwritten signature in blue ink, appearing to read "Frank J. Dux", followed by a large, stylized flourish or checkmark.

Frank J. Dux
Regulatory Compliance Coordinator

FJD:mp

FD/02058279

V. FACILITY DRAWING (see page 4)



FORM 3 RCRA			U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program <small>(This information is required under Section 3005 of RCRA.)</small>		I. EPA I.D. NUMBER S F N J D 0 0 2 3 8 6 6 2 1 T/A C 3 1																																																																																																																					
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Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																																																																										
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III. PROCESSES - CODES AND DESIGN CAPACITIES																																																																																																																										
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B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.																																																																																																																										
1. AMOUNT - Enter the amount.																																																																																																																										
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																																																																										
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EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																																																										
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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W N J D 0 0 2 3 8 6 6 2 1 3 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1	D 0 0 4	200 600	P	T	0	1	S	0	1																
2	P 0 9 6	100 000	P	T	0	1																			
3	U 1 3 5	50 000	P	T	0	1																			
4	D 0 0 2	2500 000	P	T	0	1	S	0	1																
5	P 0 7 6	50 000	P	T	0	1																			
6	P 0 7 8	25 000	P	T	0	1																			
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)																
5	4	3	2	1	0	9	8	7	6	5	4	3	2	1	T/A	C
F	N	J	D	0	0	2	3	8	6	6	2	1	3	6		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

$FG: \frac{A}{55}$ $FG: \frac{A}{56}$

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	0	0	1	0	0	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

0	7	4	5	9	3	0	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:


1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

15	16											55	56	57	58	59	60	61	62	63	64	65				
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE				
15	16											40	41	42												


IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
T. E. PARKER		11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
T. E. PARKER		11/18/80

Industrial Gases

575 MOUNTAIN AVENUE, MURRAY HILL, NEW JERSEY 07974 • TELEPHONE: 201-464-8100

Joel Am 432
Tom Taccane
Roma Phillips
Delete as TROF
done
1/1/82

PERMITS/STAFF/STANDARD
FEB 12 1 59 PM '82
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Roma,
Please delete
TSD indicators, retain
Part A receipt date
and generator
indicators.

February 5, 1982

U.S. Environmental Protection Agency
Region II
Solid Waste Branch
26 Federal Plaza
New York, NY 10007

State of New Jersey
Solid Waste Administration
Division of Environmental Quality
P. O. Box CN027
Trenton, NJ 08625

Dear Sirs:

On November 19, 1980, an application for interim status as a treatment/storage facility was submitted for our operation located at:

Airco Industrial Gases
Union Landing & River Roads
Riverton, NJ 08077

U.S. EPA #NJDO02386621

When this application for interim status was submitted, it was unclear to us whether the type of operations at this plant were regulated under 40CFR Parts 264 to 267.

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Based on Mr. Capper's interpretation, we would like to withdraw the application of our Phoenix plant as a treatment/storage facility since our operations are exactly as Mr. Capper describes.

This plant will continue to act as a generator of hazardous wastes and will continue to comply with the requirements 40CFR262.

Should you have any questions, please contact me at
201-464-8100.

Thank you!

Very truly yours,



Frank J. Dux
Regulatory Compliance Coordinator

FJD:mp

FD/02058279

NOV 6 1981

Lawrence W. Bierlein, Esq.
Compressed Gas Association
910 Seventeenth Street, N.W.
Washington, D.C. 20006

OFFICE OF
SOLID WASTE AND EMERGENCY RESPONSE

Dear Mr. Bierlein:

This is in response to your inquiry on the Resource Conservation and Recovery Act (RCRA) requirements to handle residues removed from compressed gas cylinders.

We understand that cylinders (defined generally under Department of Transportation regulations, 49 CFR 171.8, as pressure vessels having a water capacity not exceeding 1000 pounds and constructed in accordance with DOT requirements) are typically returned to gas suppliers containing gaseous residues. We further understand that these returned cylinders often are "topped off" without discard of the residues, and with reclamation of the residues by the gas supplier. In these situations, the residues are not solid wastes under §261.2, and thus, do not entail consideration of compliance with the hazardous waste regulations. (See letter from John P. Lehman to you dated November 3, 1980.)

If the gas supplier, however, decides to discard cylinders containing gaseous, liquid, or physically solid residues (i.e., non-empty containers) that meet the definitions in 40 CFR Part 261, the residues in the cylinders become hazardous wastes because they are being discarded, and these residues (and the cylinders) must be handled in compliance with the regulations. Any shipment of these contained gaseous or other wastes off-site must be in compliance with all generator and transporter requirements under 40 CFR Parts 262 and 263. Additionally, any such gas cylinders which are discarded or intended to be discarded must be managed in accordance with the requirements under 40 CFR Parts 264 to 267. Furthermore, any liquid or physically solid wastes removed from the cylinders or derived from the treatment of the contained gases, such as scrubber residues or waste neutralizing solutions, that are hazardous must be managed in accordance with the Subtitle C waste regulations.

The primary question raised by the Compressed Gas Association relates to the handling of gaseous residues removed from cylinders and neutralized, scrubbed, flared, or vented to the atmosphere, and specifically whether this activity constitutes the management of hazardous waste under the RCRA regulations. EPA does not construe the present regulations as applying to these practices. EPA has prioritized its regulatory efforts regarding hazardous wastes, and concluded that the flaring and venting of hazardous compressed gases or gases that are neutralized or scrubbed prior to their release to the environment does not demand immediate regulatory attention under the hazardous waste regulations. Accordingly, it is the position of the Agency that any gas cylinder handling facility is not subject presently to regulations promulgated under the Resource Conservation and Recovery Act, in the handling, neutralization, scrubbing, flaring or venting of gaseous residues removed from compressed gas cylinders.

The Compressed Gas Association has contended that the Agency lacks jurisdiction under RCRA to regulate the neutralization, scrubbing, flaring or venting of gases removed from cylinders, based on the definition of "solid waste" in section 1004 of RCRA and the legislative history of the statute. In light of the Agency's determination expressed in this letter, that such activities are not covered by today's RCRA regulations, we see no need to resolve the jurisdictional issue at this time. The Compressed Gas Association possesses the right to petition the Court of Appeals for review if and when the Agency asserts jurisdiction under RCRA over these activities in the future.

Sincerely yours,



Christopher J. Capper
Acting Assistant Administrator
for Solid Waste and Emergency Response



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

NOV 6 1981

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Acting Assistant Administrator
for Solid Waste and Emergency Response

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and pH. Permittee has requested a
modification, on 7/24/81, of its oil
and grease limits due to permanent
production increases.

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action determined 3/12/81 based
on permittee's modification request
of 2/17/81 to increase limits due to
increased production.

Modificat
technical

Declassified and approved for release
by NSA on 05-15-2014 pursuant to E.O. 13526
11/6/81

I have comments filed
Please input —

NJD002386621
Industrial Gases

575 MOUNTAIN AVENUE, MURRAY HILL, NEW JERSEY 07974 • TELEPHONE: 201-464-8100

Not on Run
February 5, 1982

Delete Ex. date
Input to Comment #9
" TSD withdrawn; See LTR 2/5/82
U.S. Environmental Protection Agency
Region II
Solid Waste Branch
26 Federal Plaza
New York, NY 10007

State of New Jersey
Solid Waste Administration
Division of Environmental Quality
P. O. Box CN027
Trenton, NJ 08625

PH
HWMS
9/27/82
Dear Sirs:

On November 19, 1980, an application for interim status as a treatment/storage facility was submitted for our operation located at:

Airco Industrial Gases
Union Landing & River Roads
Riverton, NJ 08077

U.S. EPA #NJD002386621 ✓ *Gen.*

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Joel Am 432
Tam Taccane
Ronna Phillips
Delete as TSD
Tracy

PH
HWMS
9/27/82
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007

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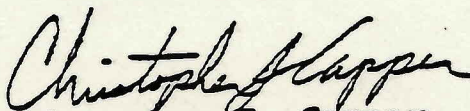
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Christopher J. Capper
Acting Assistant Administrator
for Solid Waste and Emergency Response

Full text of the changes between proposal and adoption follows (additions to proposal shown in boldface with asterisks *thus*).

SUBCHAPTER 1. OYSTER DREDGING LICENSES (No change from proposal.)

SUBCHAPTER 2. OYSTER MANAGEMENT IN DELAWARE BAY

7:25A-2.1 Division of Section E

(a) The Division of Fish, Game and Wildlife will divide Section E, as defined in [R.S.] N.J.S.A. 50:1-23 and consisting of approximately 7,877.7 acres, into 12 acre lots and designate each either an "A" or "B" lot, an "A" lot being in the judgment of the division more suitable for the planting and cultivation of oysters.

1. The coordinates of each corner of each lot shall be determined by the division. All the remaining parcels will be "B" lots.

2. The division may further subdivide a 12 acre "B" lot at the request of an applicant. The subdivided lot must be contiguous to the applicant's existing leasehold.*

7:25A-2.3 Leasing of "B" Lots

(a) The owner of an operable vessel which was licensed to dredge oysters pursuant to [R.S.] N.J.S.A. 50:3-1 in either 1978, 1979, or 1980 may lease one "B" lot of his choice for each vessel licensed in any calendar year.

1. However, no owner may lease more than two "B" lots per vessel, *unless he chooses to vacate his "A" lot and lease an additional "B" lot in its place*.

2. The initial fee for each "B" lot will be \$1,000 and thereafter shall be the regular lease fee per acre.

(a)

DIVISION OF WASTE MANAGEMENT

Hazardous Waste Management Gas Cylinder Facility Exemption

Adopted Amendments: N.J.A.C. 7:26-1.4, 9.1 and 12.1

Proposed: March 21, 1983 at 15 N.J.R. 390(a).

Adopted: August 9, 1983 by Robert E. Hughey,
Commissioner, Department of Environmental
Protection.

Filed: August 11, 1983 as R.1983 d.350, with substantive
changes not requiring additional public notice and
comment (see N.J.A.C. 1:30-3.5).

Authority: N.J.S.A. 13:1E-6a(2).

Effective Date: September 6, 1983.

Expiration Dates pursuant to Executive Order No. 66(1978):
Subchapter 1, June 30, 1983; Subchapter 9, October
8, 1986; Subchapter 12, October 8, 1986.

Summary of Public Comments and Agency Response:

The Department held a public hearing on April 28, 1983, concerning the proposed amendments. In addition to the verbal testimony at the hearing, the Department received one written comment.

One commentator suggested that condition No. 2 of the proposed definition of "gas cylinder facility" be revised to read: "2. Is a gas

supplier and only accepts cylinders owned by or under the equivalent control of the gas supplier." This change was suggested because on occasion legal title to the gas cylinder may not, in fact, be held by the gas supplier but rather by a bank or other lending institution, holding company, lessor or other similar party. The Department has amended the definition of "gas cylinder facility" by including the suggested language.

Full text of the changes between proposal and adoption follows (additions to proposal shown in boldface with asterisks *thus*; deletions from proposal shown in brackets with asterisks *(thus)*).

7:26-1.4 Definitions

"Authorized facility" means a hazardous waste [treatment, storage or disposal] facility which [has]:

1.-6. (No change from proposal.)

[7. Is exempt from the New Jersey hazardous waste facility operating and permitting requirements by operation of N.J.A.C. 7:26-9.1(c)11 and 7:26-12.1(b)10.]

....
"Gas cylinder facility" means a *[hazardous waste]* facility that *meets all of the following criteria*:

1. *[Dispose of only hazardous waste residue from gas cylinders]*. *The only hazardous waste it disposes of is hazardous waste residue from gas cylinders*; and

2. Is a gas supplier and only accepts gas cylinders *which* it owns, *or which are under its equivalent control,* back from its own customers; and

3. (No change from proposal.)

7:26-9.1 Scope of applicability

(a)-(b) (No change.)

(c) The standards and requirements of this subchapter do not apply to:

1.-10. (No change.)

11. The owner or operator of a gas cylinder facility *[that disposes of all hazardous waste within 90 days of its receipt (the standards and requirements of this subchapter do apply to storage at other than a gas cylinder facility),]* provided the following conditions are satisfied:

i.-iii. (No change from proposal.)

7:26-12.1 Scope of applicability

(a) No change.

(b) The following persons are not required to obtain a permit pursuant to this subchapter to conduct the following activities or construct or operate the following hazardous waste facilities:

1.-9. (No change.)

10. The owner or operator of a gas cylinder facility *[that disposes of all hazardous waste within 90 days of its receipt (the standards and requirements of this subchapter do apply to storage at other than a gas cylinder facility),]* provided the following conditions are satisfied:

i.-iii. (No change.)

